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ABSTRACT

Twenty exemplary substance abuse prevention programs are presented in this document. These programs are included: (1) Tuba City, Arizona, Fetal Alcohol Syndrome (FAS) Prevention Program; (2) Chemical Addiction Course, University of Arkansas; (3) "Teens Are Concerned" of Arkansas; (4) "Dare to be You of Colorado"; (5) Winyan Was'aka, Denver, Colorado; (6) COPE of Brevard County, Florida; (7) Rock Island County Council on Alcholism (RICCA) Prevention Services, Illinois; (8) 4-H CARES of Kansas; (9) the COPES Prevention Program, Kentucky; (10) Peer Leader Program--Community Leadership Institute (CLIME) of Maine; (11) Roxbury, Massachusetts, Substance Abuse Prevention Program; (12) BABES Curricula, Detroit, Michigan; (13) Fetal Alcohol Syndrome (FAS) Prevention Program, Lincoln, Nebraska; (14) Project Connect, New York; (15) Women's Alcohol and Drug Education Project, New York; (16) Citizens Against Substance Abuse (CASA), Cincinnati, Ohio; (17) Licking County, Ohio, Alcoholism Prevention Program; (18) Austin, Texas, "Adventure Alternatives" Program; (19) Appleton, Wisconsin, School District Prevention Program; and (20) Ozaukee County, Wisconsin, Prevention Consortium. Criteria and procedures for selecting the programs are described. Project advisory committee members are listed. (ABL)

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1989 Exemplary
Prevention Programs

"Helping Communities to Help Themselves"

PROJECT SUMMARIES

CG024637

National Association of State
Alcohol and Drug Abuse Directors

The National Prevention Network

Office for Substance Abuse Prevention
Alcohol, Drug Abuse, and
Mental Health Administration

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March 1989

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Twenty Exemplary Programs for Preventing Alcohol and Other Drug Abuse

In the fall of 1988, a national nomination process was used to identify 90 particularly effective alcohol and other drug abuse prevention programs. Early in 1989, a Project Advisory Committee, composed of representatives of national organizations and State Alcohol and Drug Agency representatives, reviewed and rated all the submissions and selected 20 exemplary programs. Ten other programs were given honorable mention by the Committee.

This summary provides an overview of each of the selected programs. It also explains how States and national organizations nominated programs; how the Project Advisory Committee went about making the selections; and provides a look at the criteria for making the selections. The 20 selected programs are arranged in alphabetical order by State.

The project was supported by the Office for Substance Abuse Prevention (OSAP), the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and its subsidiary, the National Prevention Network (NPN).

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TUBA CITY FAS PREVENTION PROGRAM

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CLIENTELE:

Pregnant women and their families in the Tuba City Service Unit of the U.S. Public Health Service Indian Hospital. The target population resides in the western half of the largest Indian reservation in the country, the Navajo. With an estimated population of 21,740, the Tuba City Service Unit is the scene of widespread poverty. The 1980 census found an average per capita income of $2,400. On the Navajo Reservation, studies have found that 5.9 out of 1,000 women of child-bearing age in the target group give birth to babies with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE). The total target population of the Tuba City Service Unit consists of 25 to 30 highest risk women, their families and their local community.

MAJOR SERVICES

Participants in this program are referred by the Indian Health Service, the Navajo Tribe, and local service providers and criminal justice officials. Program services are based on a survey of the FAS-related attitudes and educational needs of the community. They are classified as follows:

- Individual services to high-risk pregnant women and mothers of FAS children. This includes case management, assessment, education counseling, referral and support services.
- Intervention, education and counseling for participants' families. This service is coordinated with the Navajo Division of Social Work Child Protective Service.
- Training of service providers from such organizations and agencies as:
  - the Indian Health Service
  - the Navajo Tribe Office of Mental Health and Substance Abuse
  - WIC
  - Head Start
  - Foster Grandparents

- representatives of community health and social service agencies, and school personnel.

- Community services, including presentations to community groups, casefinding, and development and support of a community board that will continue FAS prevention activities.

The program was initiated after local medical staff asked the Service Unit for a protocol on the management of intoxicated pregnant women. Needs assessment revealed that there were no FAS prevention activities available to the target population. Screening for alcohol use by pregnant women was not being done and no community education on FAS was in place. With technical assistance from experts at the Universities of Washington and New Mexico and the Northern Arizona University, the project was initiated in 1988. Funded by the Indian Health Service, the program now operates as a part of the Community Health Services Department of the Indian Hospital's Tuba City Service Unit. Two Native American staff members who are fluent in Navajo and are "Natural Helpers" perform secondary, primary and tertiary prevention activities.

With a primary goal of reducing the rate of FAS in the target population by 25%, the program has already provided a substantial base of services.

- 181 professional staff, including 34 from the Hospital, have been trained in FAS.

- 10 women have been referred to residential treatment.

- Of 11 women entering the program before their 3rd trimester of pregnancy, 7 (66%) have stopped drinking.

- November of 1988 was "FAS Awareness Month" throughout the Tuba City Service Unit.

- A screening mechanism was put into place using a Ten-Question Drinking History developed by Boston City Hospital. It is now used in the prenatal clinic. A protocol for assessment and follow-up of pregnant women who are using alcohol is in place.

This program is especially replicable in Native American communities. It was used as a model program at the 1988 Indian Health Service FAS Symposium in Tucson, Arizona. The program's accomplishments were also presented to a National Conference on Native American Wellness and Sexuality in Phoenix, Arizona. The program would welcome studies on its replicability in other areas.

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CLIENTELE:

Students enrolled in the College of Pharmacy at the University of Arkansas for Medical Sciences. The population of pharmacy students includes about 50 to 100 students per year. In general they are reflective of the ethnic, cultural and socioeconomic subgroups in the State. The class is primarily female and includes minorities, particularly Blacks.

MAJOR SERVICES

This program is not, on the surface, a traditional prevention program. It is a course listed in the University catalogue as "Chemical Addiction (Pcol 5473)." It is a component of the required curriculum for graduation with a Bachelor of Science in Pharmacy.

The course is taught each year to seniors in the College of Pharmacy. Presented for three hours each week, the curriculum has two underlying foundations. The first is the knowledge that the "office" of a typical pharmacist is within the community. Indeed, the pharmacist is involved as much in the lifestyle and social interactions of the patient as in the medical aspects. Thus, the pharmacist is in an ideal position to identify early signs of addictive disease.

The second foundation is a recent Gallup poll finding that the public's esteem of the pharmacist as a professional is either first or second only to the clergy. With this trust and confidence, the pharmacist can significantly impact the progress of alcohol and other drug abuse in the patient.

The goals of the course are:

- To increase students' understanding and recognition of their own personal vulnerability to addictive disease.
- To educate students regarding the patterns of abuse of psychoactive drugs in our society as well as the onset, progression, diagnosis, treatment, prevention and impact of addictive disease.
- To familiarize students with possible roles for pharmacists in this area and to prepare them to fulfill those roles.

In keeping with these goals, subject matter is approached from the sociological/psychological viewpoint. As a part of the course, students are required to model the potential prevention roles of the pharmacist through preparation and delivery of two drug education, presentations to school-aged youth. Thus, this population receives a significant secondary service of this project.

The development of this course was funded by the Arkansas Office on Alcohol and Drug Abuse Prevention, which also endowed a named professorship on alcohol and other drug abuse within the College of Pharmacy. Interest earned from this endowment, along with general college revenues, maintains and continues the course.

During calendar year 1986, the course was presented to two classes totalling 110 students. These students gave drug education presentations to 6,891 school-aged youngsters throughout the State of Arkansas.

Program evaluation has, to date, consisted mostly of pre- and post- course attitude surveys. A control group is used to control for intervening variables. Following the completion of the course, students have an increased knowledge of addictive disease and its impact on the family, a decrease in moralism toward addicted individuals and increased optimism about the treatment and recovery process.

The program anticipates that every College of Pharmacy will replicate this course and include it in its required curriculum. For this reason, a description of the course was published in the leading journal covering educational issues in pharmacy. To date, several colleges have contacted the program for further developmental details.

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CLIENTELE:

Youth, aged 4 to 21, in Greene County, Arkansas. This rural community has a population of 30,274, 99% of whom are White. Most of the target group is enrolled in one of the county's six school districts.

MAJOR SERVICES

Teens Are Concerned (TAC) is a comprehensive educational program designed to enhance and foster positive development of young people's feelings and skills. Its major services, all tailored to specific age groups, are:

- A one-day orientation training program for all new TAC members. The course covers alcohol and other drug abuse information, alternatives to use, verbal and non-verbal communication skills, problem-solving, authority, rules, self-esteem and peer pressure.
- Program presentations across the State by TAC members to youth groups and schools. These include puppet shows, skits and lecturettes.
- A billboard located on the major road in Paragould, Arkansas, for the past two years. The billboard reads, "Get High on Dreams, Not Drugs."
- Alcohol and other drug-free alternative activities such as an annual New Year's Eve party, trips, shopping sprees, dinners and Adventure River outings.
- Media campaigns on issues such as impaired driving and the dangers of alcohol and other drug use.
- Sponsorship of conferences, children's health fairs and law enforcement programs.

TAC's history is one of tenacity and genuine concern. The program was started because a group of high school students lobbied the Greene County Volunteer Resource Council for help in dealing

with alcohol and other drug problems among their peers. At a February 1984 meeting of the Council, called to discuss starting a prevention program, four people – two teachers and two students – attended. The teachers stated that there was no need for a program because there was no alcohol and other drug abuse problem in the schools, and the idea was dropped.

However, one of the teens disagreed strongly enough to take action. She organized a group of about 30 students who attended the next meeting of the Council with a strong message that alcohol and other drugs were problems for the county's youth. As a result, the Council applied for and received a small grant from the Arkansas Office of Alcohol and Drug Abuse Prevention (AODAP).

Now associated with the Crowley's Ridge Development Council's Early Intervention Program, TAC has an Advisory Board of 20 adults and youth, representing business leaders, clergy, parents, school personnel and law enforcement officials. In 1986, the program received $1,500 from AODAP. The rest of its operating budget (about $4,000) was obtained through fund-raising activities and contributions.

Local media have been very supportive of TAC. One TV station has provided four PSAs and featured the program many times on its news broadcasts. Local papers often run news releases on TAC activities. And, the "Get High on Dreams" billboard is donated by a local industry. During the course of a year, the program provided direct services to 2,840 youth and community members. About 50,000 people were reached indirectly through two local TV stations, five newspapers, five radio stations, the billboard and 40 business marquees.

The program's widely distributed brochure fully describes its philosophy, theory, methods and procedures. TAC is also highlighted in a documentary tape, "Out of the Fast Lane," that is distributed to all educational cooperatives in the State by the Arkansas Education TV Network. To date, one school has established a TAC-type group that is in its first year of operation.

DARE TO BE YOU

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CLIENTELE:

This program is implemented in six communities in the State of Colorado each year. After conducting a local needs assessment, a sponsoring agency applies for the program through a competitive mini-proposal. Thus, the target population varies greatly from year to year. Communities served have been rural, suburban and urban with populations ranging from primarily Caucasian to primarily Hispanic, Black or Native American.

MAJOR SERVICES

The DARE to be You project identifies, trains and provides technical support for teams of volunteers from selected community organizations. This enables existing community resources to provide workshops to children, teens, peer helpers, parents and other adult caregivers. The goals of the program are:

- To enhance the development of healthy, functional adolescents and thereby prevent behavior problems.
- To create and reinforce a network of agencies in each target community with the mission of preventing problem behaviors in youth and to enable local groups to provide training in life skills and prevention.
- To provide continuing technical assistance and training to existing DARE to be You volunteers.

Available resources include:

- A training manual for community teams to use with 8- to 12-year old youth, teens and community adults to provide activities and workshops.
- A guidance curriculum for middle school children.
- A Process for Health Care Providers.
- Cultural adaptations designed by cultural focal groups.

- A DARE to be You Peer Counseling Curriculum.

A new DARE to be You K-12 Substance Abuse School Curriculum is currently being tested.

The program was developed in 1979 as a collaborative effort between the Extension Service of Colorado State University and the State Health Department with funds from the Centers for Disease Control. The program's materials are designed to increase self-esteem, self-responsibility, decision-making, communication and peer resistance skills. They also focus heavily on creating family support systems and positive community role models.

Participants have applied the program's strategies and activities in everything from one- on-one counseling to high school assemblies; from training for summer youth employment workers to church youth groups; from juvenile diversion referral training for families to school guidance curriculum and leadership training classes. Summer support program coaches, out-of-school youth groups, after school care programs and many other agencies have adapted the program to reach their clients.

The program has also been used with high risk populations such as Native American youth in summer employment programs, alternative school students and youth referred by juvenile diversion programs.

In a 1986 followup, 85% of volunteers surveyed reported using the program with community youth or adult groups, many even after five years. In addition, the program has been implemented by several school districts using community volunteer teams and teen leaders. DARE to be You volunteers reach over 20,000 unduplicated youth and adults each year. These persons receive an average of eight contact hours of programming.

The program's funding sources have included State and Federal agencies, fees for service and Tribal grants.

A stringent evaluation study conducted during the first two years of the program documented that the program resulted in a 15% reduced onset of alcohol and tobacco use among 8- to 12-year-old participants. Statistically significant increases in decision-making, communication and control skills were also documented.

Each year, a different component of the program is tested in the area of impact evaluation. Evaluation of the level of program use is conducted annually.

DARE to be You was designed to be replicated in diverse communities. The structure encourages local needs assessment and provides a flexible program that can be applied to meet a wide variety of community needs through many points of access. DARE to be You programs have been implemented through other sponsoring agencies in Oklahoma, Alabama, Virginia, New York, North Dakota, Indiana and New Mexico.

The program was recommended as a model prevention program in the National Initiative for Building Human Capital by the National Extension Service in 1988, the Colorado Action for Healthy People study group, the Colorado Adolescent Project in 1986 and the Centers for Disease Control in 1982.

WINYAN WAS'AKA

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CLIENTELE:

High-risk American Indian women over 18 years of age and their children. An education/support group for men is also provided. The largest concentration (20,000) of American Indian people in the State of Colorado is in the Denver Metropolitan area. Approximately 45% of these residents are members of Sioux Tribes, 15% are Navajo and 40% are from 55 other Tribes. Economically, these citizens are at the lower end of the spectrum, with low levels of education and employment. The target population also experiences high rates of homicide, accidental death and child abuse. Their rates of alcohol and other drug abuse are very high. In fact, one in four deaths of American Indian women is caused by alcohol cirrhosis.

MAJOR SERVICES

The cornerstone of Winyan Was'aka's services is community ownership. Its philosophy is to foster cooperation through involvement between and among women, build participant self-respect through contribution of talent and resources, and empower American Indian women individually and collectively to solve the problems they encounter in an urban environment. The services provided are:

- A 12-week education and support group for high-risk American Indian women over the age of 18.
- A 12-week education prevention program for high-risk children, aged 4 to 8, to develop coping skills and strengthen positive self-concept.
- Community forums in the Indian community that provide alcohol and drug information and showcase exemplary American Indian programs.
- Twice-monthly support groups for "graduates" of the 12-hour weekly curriculum.
- Drug-free activities, both social and spiritual, that encompass traditional and contemporary events.

Winyan Was'aka, which means "strong woman" in the Sioux language, was created in the spring of 1986 to address the stresses facing American Indian women in an urban environment. Initiated by

Denver Indian Health and Family Services, Inc., the program focuses on the heart of the American Indian community and family – its women. By strengthening her positive attributes and skills, a woman is empowered to live a healthier life and influence her children, family, community and Tribe to do the same.

Winyan Was'aka is funded by the Alcohol and Drug Abuse Division of the Colorado Department of Health. Highly cost effective, the program reached 95 women and 30 children in 833 encounters during its first year – all on a $20,000 budget. Presentations and forums reached 500 other persons.

During its relatively short existence, Winyan Was'aka has achieved a high level of visibility and credibility. Program staff have been asked to provide technical assistance and training to other American Indian Tribes and invited to make presentations on the program to regional and state conferences and workshops. In addition, during 1986/87:

- Eleven women received 18 hours of facilitator training in drug and alcohol abuse prevention.
- Four 12-week groups of approximately 11 women each successfully completed the program.
- Approximately 25 women received drug and alcohol counseling or were referred to other treatment services.
- Child care services were provided to 30 children whose mothers participated in the project.
- Approximately 150 family members received indirect services through community forums and alternative drug-free activities.
- Five thousand program brochures were distributed.

In addition, Ikce Wisasa, a men's educational and support group, was initiated in November of 1988.

The evaluation of the program examines a number of specific change factors: assertiveness, acceptance of one's self and others, motivation to pursue life goals, co-dependent relationships, and coping ability during major life transitions and less stressful times. Self reports from participants indicate that participants experience improvement in each of these areas. Pre- and post-administration of the Tennessee Self-Concept Scale also indicates increased self-esteem among all participants.

Winyan Was'aka has, in effect, replicated itself through the initiation of the men's support group. The use of this primary prevention model with cultural specific values and customs enhances community ownership and the effectiveness of the program.

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CLIENTELE:

The population of 386,650 residents of Brevard County, Florida. A rapidly growing community, Brevard has a school-age population of 86,557 (23%). The overall population is 8.7% Black and 2% Hispanic. There are 13,416 children in Brevard below the poverty level, a significant number in a State with stringent eligibility requirements for public benefits.

MAJOR SERVICES

Because COPE is a relatively small agency, its Board of Directors has set a limit of one new initiative per year as a way of maintaining high quality services. The partnership and financial support of community groups are important factors in new programs. In spite of this pattern of restrained growth, the program offers a wide range of services. These include:

- Information and awareness services, including an extensive resource library of print and video material, a speakers' bureau, a major annual drug prevention awareness campaign, and a quarterly newsletter distributed to COPE members and key decision-makers in all county systems.

- Education and training programs, including alcohol and drug-free graduation parties, Just Say No clubs at schools, community centers and churches, parent peer groups and youth support groups.

- Direct prevention services, including information and referral, initial screening, an early intervention program for high-risk youth, and education and drug-free clubs for teens and their parents in high-risk neighborhoods.

- Advocacy for alcohol and other drug abuse prevention and community responsibility, an especially successful aspect of COPE's activities, including a 50-hour Community Intervention Team training course and regular networking with other groups and organizations concerned with alcohol and other drug abuse.

COPE began in 1979 as one of the nation's first local parent groups. Initially an all-volunteer organization, COPE established an initial goal to build a mandate for a K-12 drug education

curriculum in the public schools. In pursuit of this goal, COPE initiated meetings with school administrators and followed up these efforts with a strong advocacy campaign aimed at the School Board in 1983. More recently, COPE advocated successfully for a student assistance program. Subsequent to this, COPE members actively participated in the selection of the curriculum, "Here's Looking at You, Two," still regarded as a national model for prevention education.

COPE's first professional staff member was hired in 1984. Celebrating its 10th anniversary this year, the program has achieved stability through a broad base of private and public funding and six full-time professional staff. Funding sources are varied and include the United Way, the Gannett Foundation, Brevard County, the State of Florida and the U.S. Department of Education.

COPE is the only agency in Brevard exclusively committed to prevention. Its services and resources are available to the entire community free of charge. Examples of the program's accomplishments include:

- Distribution of about 20,000 pieces of prevention literature a year.
- Presentations to 7,500 to 10,000 individuals a year in about 200 public awareness programs.
- A mailing list of 800 individuals who receive COPE's quarterly newsletter.
- Drug- and alcohol-free graduation parties in 11 high schools (including all 10 public high schools), 25 Just Say No Clubs, 8 parent peer groups and a new initiative that has established a youth peer leadership group of 65 teens.
- Early intervention services to over 300 high-risk 4th and 5th graders in 15 schools.

During 1986, COPE provided direct services to 32,721 individuals. The program estimates that 100,000 members of the general population of Brevard were affected by its prevention activities.

Most elements of COPE's program exist in other agencies. The program's major success has been its ability as a small organization to work closely with many community systems. COPE's success shows clearly that a well-informed and committed parent organization can grow into an effective comprehensive prevention agency that combines professional and volunteer strengths.

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CLIENTELE:

The general population of a six-county area of Western Illinois, plus specific target groups of children, adolescents, parents, the elderly, ethnic minorities and the developmentally delayed. The total population of this region is about 350,000. Ethnic minorities (Black, Hispanic, American Indian and Asian American citizens) comprise about 4.3% of the region's residents. A mixture of urban, suburban and rural communities, this part of Illinois has fallen on hard economic times in recent years.

MAJOR SERVICES

RICCA Prevention Services, a department of the Rock Island County Council on Alcoholism, operates under a broad community development model that uses five prevention strategies (information, life-skills, training of impactors, alternatives and social policy change). The major services of the program are:

- School-based activities, including:
  - prevention in-service training for classroom teachers
  - training and support in establishing student assistance programs
  - development and evaluation of pilot prevention curricula for classroom application
  - drug and alcohol education presentations to augment existing materials and curricula
  - organization of active positive peer support groups
  - comprehensive AIDS prevention programming for students, teachers, parents, administrators and school boards.
- Community-based activities, including:
  - a series of four prevention training sessions offered to community groups to build independent prevention capability
  - parent network organizations that enhance development and support of community-based prevention programs

- youth organized activities to provide alternatives and develop prevention skills among youth.

- Public education and information activities, including:
  - development and dissemination of PSAs that both increase awareness of alcohol and drug dangers and support drug-free alternatives and activities.
  - education of local and regional politicians to increase their knowledge and commitment to continued reduction of alcohol and other drug abuse.

RICCA has provided prevention services to the target region for about 12 years, gradually increasing the numbers of strategies and the size of its target audience. In the late seventies, the program began to work with youth; other groups served by RICCA since then include children of alcoholics, public housing residents, and teachers of rural business and special education classes. RICCA's prevention department has a full-time staff of five professionals.

The program's primary funding source is the Illinois Department of Alcoholism and Substance Abuse. Substantial financial support is also provided by United Way and the local mental health board.

The breadth of RICCA's activities has resulted in significant contact with the full range of regional residents. In 1986, the program:

- Provided direct classroom presentations to 41,728 students.
- Reached 5,211 parents through training, networking and presentations.
- Trained 1,315 classroom teachers in curricula, alcohol and other drug abuse, prevention, and supportive classrooms.
- Trained 1,341 youth in leadership, prevention of aicohol and other drug abuse and team-building.
- Reached 721 elderly people with presentations on topics such as prescription drugs, alcoholism and mentoring of young people.
- Made alcohol and other drug presentations to 5,296 business persons and employers.
- Made alcohol and other drug abuse presentations to 87 church groups, 15 law enforcement groups and 37 groups of medical professionals.
- Disseminated about 6,000 pieces of prevention literature and coordinated three major media campaigns that reached about 200,000 people.

RICCA uses both outcome and impact evaluation to improve the program's effectiveness and responsiveness to community needs. For example, data that indicated minimal long-term behavior change as a result of traditional prevention services have resulted in the development of dosage intensive, skill-focused materials for classroom and community groups. The impact of these activities is now being evaluated.

The program places a high priority on the testing, documentation and publication of the results of its activities and programs. As the program itself states, "Whether programming fails miserably or provides glowing results is not essentially the . . . issue . . . The key issue is: to provide evidence about what can work and what cannot and *why* it can or cannot." This refreshing attitude results in a valuable contribution to the state-of-the-art of prevention efforts nationwide.

4-H CARES OF KANSAS

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CLIENTELE:

Youth, aged 7 - 9 years. Older youth are actively involved as tutors, and parents also participate. This pilot project involves 1,250 young people and 400 adult leaders and parents. About 87% of 4-H members in Kansas are white; 8% are Black and 3% are Hispanic. Only one quarter of these youth live on farms; about one third live in cities of over 50,000 residents.

MAJOR SERVICES:

4-H CARES is a comprehensive health and wellness curriculum that takes the best of several drug and alcohol education programs, adds some new twists, creates some new activities and is adapted to a youth club meeting setting. It provides a complete program, from get-acquainted activities through recreation. The core activities of the program are:

- Ten one-hour lessons taught by volunteer adults and teen leaders to elementary aged children in local youth groups.
- Experiential, interactive learning activities focused on building self-esteem, communication skills, decision-making, peer pressure and influences to use drugs.
- Recreational activities that reinforce success, cooperative learning and creative problem solving.
- Audio and visual aids that complement the curriculum and emphasize feeling OK about who you are and resisting drug and alcohol use.
- Individual journals kept by young participants to help them reflect on the importance to them of each lesson and the insights they have gained.

In the winter and spring of 1984 and 1985, the agency surveyed 4-H and other teens in Kansas City on such topics as attitudes about self, drug use and knowledge about alcohol and other drug dependency. The results indicated that 4-H youth were relatively uninformed on a number of levels when compared to their Kansas City counterparts. The agency realized that it had a real opportunity to provide a prevention education program to 4-H youth who were evidently not

receiving such services from other organizations. Thus, from 1987 to 1988, an interdisciplinary team designed 4-H CARES, using the best of the material available in existing curricula and their understanding of the specific needs and concerns of elementary aged 4-H youth.

4-H CARES is funded by the Kansas 4-H Foundation through non-restricted donations and a special grant. The work of the design team of 4-H State and county staff is also contributed.

More than 85 adult and youth leaders from 47 4-H clubs across the State of Kansas were trained in two-day intensive workshops that took participants through each of the 10 lesson plans. This established the theoretical basis for 4-H CARES. In September of 1988, clubs began using the 4-H CARES material on a pilot basis.

The program emphasizes teaching young people that all human life is valuable and that respect and care for self and others is a foundation for all human interaction. It was designed on the belief that young people must be assisted to develop skills for living. Rather than teach youth to "just say no," 4-H CARES aims to teach them how to say no, how to affirm their beliefs and values and why this should be done.

As a pilot project, 4-H CARES plans a variety of evaluation activities. These include pre/post-tests designed to measure self-esteem, self concept, decision-making skills and perceived levels of alcohol and other drug use by self and peers.

The program is being used by other youth groups. It can be replicated by any group of young people of elementary age who meet in regular intervals for at least 10 hours. The time frame in which the program can be conducted is very flexible.

THE COPES PREVENTION PROGRAM

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CLIENTELE:

All residents of Louisville and Jefferson County, Kentucky. This population of 685,000 is about 83% White and 16% Black. The program notes that "mint juleps, bourbon whiskey, beer and tobacco products play a very important role in the overall culture . . . of Louisville and Jefferson County." AA, Al-Anon and Al-Ateen are also growing components of these communities.

MAJOR SERVICES

The Council on Prevention and Education: Substances (COPES), which is managed by a community board, is very involved in service, education, religion, criminal justice and media networks in its community. Its major services include, but are not limited to:

- Teacher training on the use of K-12 prevention curricula.
- Ongoing curriculum refinement.
- Consultation to such school-based programs as student assistance and peer leader training programs.
- Core trainings that promote prevention programming in the community.
- Agency training in prevention program development and implementation.
- University courses on prevention for pre-service teachers.
- Consultation to numerous service organizations.
- Development and coordination of media campaigns.
- Planning and execution of the Teen Leadership Conference.
- Prevention training for the U.S. Army at Fort Knox.

COPES began as a tentative program of an independent school board concerned with inhalant abuse among its students. Initially an informational activity for students, the program quickly recognized the need to broaden its scope to the community and to provide more than simple educational approaches. Thus COPES evolved naturally to include the widening circle of influences at work in the community.

COPES was incorporated in 1981 and was able to obtain significant financial support from both Jefferson County and the City of Louisville. The program has also developed a private contribution base and received a number of Federal grants. One clear measure of COPES' professionalism and expertise is the willingness of local business and industry to contract with the program for prevention consultation services.

During 1987, COPES provided direct services to 6,187 individuals. Examples of service delivery activity are:

- 285 school teachers received over 12 hours of in-service training.
- Over 170 parents received 16 hours of training in working with their children.
- Over 120 students were trained as peer leaders in more than 6 schools.
- Over 245 professionals completed a 15 hour prevention training seminar.
- 650 people received alcohol and other drug information and screening; 102 were referred for alcohol and other drug abuse assessment.
- Alcohol and other drug abuse consultation with major college sports teams including consultation and training to athletes, coaches, trainers and administrators.

The program estimates that approximately 540,000 people were reached through mass media messages and other indirect services.

COPES employs a variety of evaluation instruments and activities. Sophisticated pre- and post-tests have been developed for some programs. All of COPES' activities are subjected to process and outcome evaluation and subjective participant feedback. School-based programs are assessed for their impact. For example, the number of students referred for services as children of alcoholic parents has been measured and has increased in those schools where COPES' teacher training and classroom curricula have been used.

All of COPES' programs can be replicated. Several of them are locally adapted replications of nationally recognized programs. Procedural manuals have been written for staff training and development. The program's growth and activities have been fully documented throughout its existence.

PEER LEADER PROGRAM

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CLIENTELE:

The teenaged residents of three large Public Family Housing Projects in the City of Portland, Maine. These neighborhoods are essentially locked in extreme poverty. Cultural experience stems from severe environmental deprivation, and from the crippling problems of alcoholism, and sexual and physical abuse. The major sources of income are Aid to Families with Dependent Children, Supplemental Security Income and unemployment compensation. Children under 20 are found in 320 of these families.

MAJOR SERVICES

The Peer Leadership Program involves teens who are often classified as "hard to reach" or "difficult" by traditional service systems in a pro-active outreach and prevention program. Its core activities are:

- A two- and one-half day training retreat that focuses on prevention of alcohol and other drug abuse and teen pregnancy, development of helping skills and referral information.
- Weekly meetings that continue to build leadership skills through workshops and event planning.
- Drug- and alcohol-free activities such as dances, beach trips and movies.
- Exchange of ideas and expertise between Peer Leaders and adult community leaders.
- A media campaign that promotes community awareness of the program.

In 1985, a United Way needs assessment identified alcohol and drug abuse as among the five most serious problems on a list of 40 issues facing the Portland community. This finding was supported by a subsequent independent survey by the program's sponsor, the Community Leadership Institute of Maine (CLIME). The program was initiated in the fall of 1987 as a joint effort of the local housing authority, the Portland business community, local family tenant associations, service

providers, the municipality of Portland and CLIME. It is based on the nationally recognized Natural Helpers Program and on social science research on the importance of natural helping networks in high-risk neighborhoods.

The program's funding base includes monies from the State of Maine, the city of Portland, United Way, several foundations and private donations.

Teens are dominant in the program's decision-making process. Peer Leaders designed survey instruments and the retreat workshop and participated in data collection. They also evaluate the program and refine it to tailor activities to the issues facing their turbulent neighborhoods. During 1987, the program:

- Trained 20 Peer Leaders, selected because their names surfaced repeatedly in community surveys as someone other teens would turn to for help.
- Sponsored a drug- and alcohol-free dance for 75 teens.
- Assisted two to three hundred teens with information and referral on such problems as alcohol and other drug abuse, teen pregnancy, suicide, and family and peer conflicts.

During 1988, 13 Peer Leaders attended an International Youth Leadership Conference in Washington, D.C. Staff and Peer Leaders raised $8,000 to finance the trip. As recently as February of 1989, the program was recognized by the U.S. Department of Housing and Urban Development.

The program's evaluation techniques include pre and post testing, changes in school performance and attendance, weekly feedback from Peer Leaders and community members, and questionnaires administered to policymakers. Some outcomes indicated by evaluation findings to date are:

- Arousal of interest among teens and adults in the community.
- Increased adult involvement in the program.
- Increased input by the community in the delivery of services.
- Improvement of Peer Leader skills in leadership, interpersonal relationships and cooperation.
- Successful intervention by Peer Leaders in the lives of teens who were abusing alcohol and other drugs, suicidal, or experiencing family problems.
- Improved school performance and increased community service among Peer Leaders.

The Peer Leader Program can be adapted to the needs of other communities without threatening the integrity of the model. Successful duplication depends on establishing community trust, developing networks and linkages and, most importantly, the inclusion of teens in program planning, implementation and evaluation.

ROXBURY SUBSTANCE ABUSE PREVENTION PROGRAM

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CLIENTELE:

High-risk youth (aged 10 to 21) in the Roxbury/North Dorchester area of Boston, Massachusetts. This is a predominantly low-income minority community with a disproportionate level of major health problems. These include infant mortality, teen pregnancy, alcohol and other drug abuse, AIDS, homicides and suicides. Eighty percent of the targeted youth will probably not complete high school. Thus, they are facing multiple risk factors for use of alcohol and other drugs.

MAJOR SERVICES

Operated by the Mental Social Health Unit of the Roxbury Comprehensive Community Health Center, the Roxbury Substance Abuse Prevention Program (SAPP) offers an integrated, collaborative approach to prevention, intervention and evaluation services for the target population. The Mental Social Health Unit is able to provide immediate treatment services to youth and families in need of them. The major services of SAPP are:

- Educational services, including:
  - 8- to 10-session educational groups for parents and key community members
  - 12 educational classes for elementary, middle and high school students, using age-appropriate material
  - dissemination of educational materials such as age-appropriate brochures, posters and pamphlets
  - tenant orientation and ongoing educational forums for families living in subsidized housing developments.
- Training services for professionals (teachers, counselors, social workers, clergy, housing managers) parents and teen peer prevention specialists on:
  - identification of troubled youth and those at risk for alcohol and other drug abuse, early sexual activity or family problems

- knowledge of referral resources available to such youth
- crisis management and intervention with troubled youth
- for peer prevention specialists, additional training in alcohol and other drug abuse, communication skills, leadership skills and SAPP resources.

- Intervention services provided by counselors who offer screening assessments of youth and families, individual counseling and support groups for children of alcohol and other drug abusers.

In providing these services, the SAPP has established effective collaborative relationships with local schools, youth service organizations, churches, and social service and public housing agencies.

The SAPP was developed to address gaps in available prevention and intervention services within the Roxbury community and in the collaboration of agencies dealing with high-risk youth. Funded by a grant from the U.S. Office for Substance Abuse Prevention, the program has been in operation for about two years. During that time, the SAPP has designed curricula to train youth, parents and key community leaders in prevention skills. The people who have completed this training now work with SAPP staff in schools, religious and community settings, providing prevention information and education.

As of the end of 1988, the program had provided direct services (public education forums, training, health fairs, clinical intervention) to 612 individuals. The SAPP's indirect services (media campaigns and material dissemination) had reached an additional 5,500 members of the Roxbury community.

The program's evaluation activities result in both process and outcome data. Process notes on educational sessions, staff discussions and network linkages are maintained by all staff. Outcome is measured through questionnaires administered to recipients of education and training services. The goal of these activities is to elicit both qualitative and quantitative information that will demonstrate the value of the program. The Final Evaluation Report on the SAPP will be available in August of 1989.

BABES CURRICULA, DETROIT, MICHIGAN

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CLIENTELE:

Pre-school through 12th grade students nationwide. The program is designed to capture the attention, imagination and creativity of the total community – individuals, families, social and religious organizations, schools, business and government – in an effort to combat alcohol and other drug abuse.

MAJOR SERVICES

The BABESWORLD views alcohol and other drug abuse prevention as a part of broader generic health promotion and disease prevention efforts. It is designed to foster the development of communities where all residents, especially children, feel safe, loved and protected from alcohol and other drug abuse. It also facilitates public/private collaboration in sharing responsibility and providing resources. This is done through a variety of curricula tailored for the various segments of the BABES community. These include:

- BABES in the School, a broad-based curriculum designed to teach general life and cognitive skills. Comprised of seven individual sessions, the curriculum is enlivened by seven puppet characters with personalities that represent various prevention concepts. Modules have been tailored for age groups 1-1/2 to 3, 3 to 8, 9 to 13, and 14 to 18.

- BABES and the Family provides prevention techniques to parents with emphasis on development of positive parenting skills. It uses the basic BABES characters and their parents.

- BABES for Clinicians is especially for use by therapists. One module is available for family work and another is for very young children from alcohol and other drug abusing families in group therapy.

- Building a BABES Community is a 6-module package designed to teach an interested community how to organize itself to combat alcohol and other drug abuse. The modules target government officials, business and church leaders, social service agencies and the media. A Community Action Plan has also been developed to assist prevention efforts.

Starting as the Beginning Alcohol and Addictions Basic Education Studies course in 1979, this primary prevention program is now reaching more than 1 million children in 40 States and 4 foreign countries each year. The program provides training and technical assistance to communities interested in creating a BABESWORLD of their own.

Funded by material sales and training fees, BABESWORLD works through local groups known as BABES Godparents – local organizations designed to coordinate and enhance existing alcohol and other drug abuse prevention efforts by using the BABES curricula within their communities. There are currently eight Godparent organizations nationwide representing diverse, multi-ethnic populations.

All participants in BABES curricula are given pre- and post-tests. Training participants also complete evaluation forms. BABESWORLD reviews these documents to maintain quality and to modify and improve the program.

BABESWORLD has also been subjected to a range of program evaluation studies. These have resulted in such findings as clearly observed behavior change in elementary students and mastery of the BABES subject matter by 8- and 9-year-olds.

The entire BABESWORLD program is based on its replicability. BABESWORLD has developed several methods of ensuring that the program can be used throughout the United States. These include:

- Development of grade and culture specific materials.
- Training of BABES presentors.
- Constant program evaluation.
- Monitoring and enhancement of the BABES Godparents organizations.

The program has recently received funding from the U.S. Office for Substance Abuse Prevention to market the Building a BABES Community program.

FAS PREVENTION PROGRAM

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CLIENTELE:

Women of child-bearing age in a 16-county area in Southeast Nebraska and another two-county area that includes Omaha. Services are also targeted to lay persons, health care professionals and specific groups of high-risk women. The service area contains two major urban areas (Omaha and Lincoln), and also comprises a number of rural communities.

MAJOR SERVICES

The Fetal Alcohol Syndrome/Effects (FAS/FAE) Prevention Program is operated by the Lincoln Council on Alcoholism and Drugs, Inc. Its ultimate aim is to decrease the number of new FAS/FAE cases and to create awareness that consumption of alcohol during pregnancy can have negative effects on the unborn baby. To this end, the program provides primary, secondary and tertiary prevention services.

- Primary prevention services are:
  - teacher training on use of a FAS prevention curriculum
  - public information through mass media campaigns, PSAs, and distribution of written material to agencies and organizations that serve women
  - community workshops for health and human service professionals, including special sessions for physicians
  - provision of updated information to nursing schools for use in curricula.
- Secondary prevention services are:
  - professional education and consultation
  - use of a screening questionnaire to evaluate women's alcohol and other drug use

- assistance in intervention and referral.

- Tertiary prevention services are:

  - referral assistance and information for families and individuals with affected children and to alcohol and other drug abusing women

  - a volunteer network to support mothers of affected children

  - educational support groups provided to treatment centers and outpatient programs.

Each prevention level is applied to the various stages of the maternal-child health care continuum – pre-conception, prenatal, intrapartum and postnatal.

The FAS/FAE Prevention Program was initiated as a pilot project in 1984 by the Lincoln Council. Since then, it has expanded into the Omaha area and has also been replicated in the 11-county Nebraska panhandle. These expanded efforts have built on experience and emphasized those activities that have proven to be the most effective.

The program is assisted by a FAS Advisory Board that includes representatives from agencies focused on mental retardation, maternal and child health, chemical dependency, and developmental disabilities. Other human service organizations, the University of Nebraska, area hospitals and voluntary groups are also represented. Volunteer services are provided by women with affected children and other concerned citizens. Program funds come from a Federal Maternal and Child Health Block Grant through the Nebraska Department of Health.

During FY '87-88, the program:

- Provided direct services (consultation and referral) to 142 clients.

- Provided education and training services to 6,261 individuals.

- Reached over 320,000 people through media campaigns and public displays.

- Distributed about 45,500 pieces of literature.

The program uses both process and impact evaluation techniques. Impact evaluation includes pre- and post-testing of training participants. Data are also collected from WIC clinics on the results of the health questionnaire completed by all prenatal clients. Data on the number of FAS/FAE cases are not available due to lack of both expertise in diagnosis and a comprehensive reporting system.

Pre- and post-test scores show consistent improvement. Program evaluations by participants have also been very positive, totalling an average of 9.05 out of 10 possible points. The health questionnaire reveals that 7.7% of the 981 respondents showed risk or symptoms of alcohol abuse or dependence.

The project has been replicated in two other parts of the State. It was cited as a model program in the fall, 1985, edition of *Alcohol, Health and Research World*. In the summer of 1986, it received an award from the Department of Health and Human Services as one of Nebraska's Outstanding Health Promotion Programs. It also received the Prevention and Education Commendation Award from the National Council on Alcoholism.

PROJECT CONNECT

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CLIENTELE:

Lesbian women and gay men in the Greater New York City area. This culturally diverse population is at high risk of alcohol abuse. It is estimated that about 1 million gay persons reside in the metropolitan area. While demographic statistics are not available, affiliated organizations include Hispanic, Italian, Black and handicapped groups as well as a wide range of professionals.

MAJOR SERVICES

The services of Project Connect fall into two categories:

- Direct prevention and early intervention services
  - telephone referral and information available from 9:00 a.m. to 11:00 p.m. on weekdays
  - individual assessment and referral
  - short-term motivational help services
  - ten-week psychoeducational support groups for people trying to get or stay sober or clean, HIV-positive people, people in a relationship with an addicted person, people in relapse or just coming out of relapse, and people in recovery for a while who want to work toward personal and spiritual growth.
- Community education
  - development and dissemination of educational materials to community groups
  - presentations to gay and lesbian organizations
  - appearances on gay cable TV to address alcohol use and abuse issues
  - production of a prevention video
  - a special educational symposium on a variety of women's health issues.

The gay community has long been aware of the need for gay-sensitive and gay-affirmative alcohol and drug abuse prevention and treatment services. In response to this need, and to increased public demand, the Lesbian and Gay Community Services Center in New York City planned and initiated Project Connect with a grant from the New York State Division of Alcoholism and Alcohol Abuse. Started in January of 1988, the program operates from the Center which is the major resource for gay and lesbian social, recreational, educational, cultural and health activities and services in the Greater New York City area.

Since its inception, the program has expanded its funding base to include private donations, in-kind contributions and volunteer provision of professional services valued at $18,000 per year.

Project Connect, although relatively young, has documented significant contact with its target population. From February through October of 1988, the program provided:

- Individual direct services to 590 people.
- Psychoeducational group services to 100 people.
- Telephone information and referral services to 1,800 people.
- Twenty-two community education events.
- Thirty-seven professional education presentations.

The program has established linkages with a wide variety of professional and community resources, including community health services, private group therapy practices, and public and private providers of alcoholism and drug addiction services. Special effort has been made to reach out to Black and Hispanic gay people living in the outer boroughs of the City.

Project Connect collects demographic and service data on each person served, maintains confidential records on clients and obtains participant feedback on program services. While the program is too new for a meaningful analysis of outcome data, process data indicate that the program's services have enabled many gay men and lesbian women to address alcohol and other drug problems in a proactive way. Volunteers welcome the opportunity to contribute to their community and to receive training and experience with the gay population. Referral sources report that the majority of Project Connect referrals have effectively engaged in treatment.

Project Connect has already received and responded to requests for assistance in developing similar programs in other communities. The Project Connect model could be readily replicated in communities with a gay-identified organization that is able to forge links with a range of gay-affirmative community resources.

WOMEN'S ALCOHOL AND DRUG EDUCATION PROJECT

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CLIENTELE:

Underserved Black, Hispanic and low-income women and their children. Designed for eventual national replication, the model program is being tested in women's centers in New York City; Buffalo, New York; Ann Arbor, Michigan; El Paso, Texas; and Fort Wayne, Indiana. These centers are community- or campus-based multi-service organizations. The majority of women served are displaced homemakers, welfare recipients or single parent heads of households with an average income under the poverty level. Many are teenagers. They are often battered, sexually abused and unemployed or underemployed.

MAJOR SERVICES

It is estimated that there are about 4,500 women's centers and other women's service organizations in the United States. The program taps into this largely ignored network as a vehicle through which alcohol and other drug education services may be provided in service settings without the barriers often encountered by female clients in traditional programs. Thus, its major services are actually a series of model program activities currently being completed in pilot and field test sites.

- Training of staff in women's centers to provide them with the information, awareness, sensitivity and strategies to implement the model program.
- Hiring and training of an alcohol and other drug educator who will coordinate all education, prevention, intervention and referral activities of the center. This professional's tasks will include:
  - ongoing staff training and development
  - establishing an alcohol and other drug component in the center's information and referral services
  - training and support of intake workers in identifying women with alcohol and other drug problems

- infusion of alcohol and other drug information into the center's ongoing support groups
- initiation of at least one new support group on the relationship between alcohol and other drug problems and the center's focus (e.g., job readiness, parenting, etc.)
- provision of 12-topic alcohol and other drug education classes to center clients
- provision of information on alcohol and other drugs through center outreach activities
- establishment of an alcohol and other drugs Community Liaison Committee
- referral of a specified number of women to treatment or counseling services
- establishing AA, NA or Al-Anon groups at the center as required
- advocacy for the development of recovery or co-dependent women's support groups as needed or requested.

The ultimate product of the program will be a *Guide* that explains how to establish such a program in women's centers and other women's organizations. The *Guide* will be published in 1990 by Scarecrow Press under the Alliance imprint and marketed to women's centers, colleges, libraries and other organizations nationwide.

In 1987, the Women's Action Alliance established the program because of the lack of programs and services specifically designed to reach women with alcohol and other drug information. The concept was developed during a series of meetings between Alliance staff and professionals from the prevention and treatment fields. Program design was also based on the results of a questionnaire distributed at the 1986 Founding Convention of the National Association of Women's Centers. Responses indicated a need for alcohol and other drug programs in the centers. The Alliance also assembled a prestigious National Advisory Board to assist in the development of the program and the *Guide*.

About 60% of the project is funded by the New York State Division of Alcoholism and Alcohol Abuse. The remaining funds are contributed by foundations and corporations.

During 1987, the program provided direct services to 3,200 individuals in its three pilot test sites: Medgar Evers college, the Hispanic Women's Center and Everywoman Opportunity Center. An additional 13,500 people received educational, referral and training services.

Using an extensive set of evaluation instruments, the program monitors both staff attitudes, knowledge and perceptions and the outcome of project activities in the individual centers. Evaluation instruments include pre- and post-tests, and an interview that gathers baseline data about the centers before the program is initiated and post-program closing interviews. Centers use monthly tally sheets on target population use of program services.

The replication of the program is the driving force behind this project. At each stage of this effort, the staff has taken care to assess changes and measure their applicability to women's centers and other community-based service organizations. The *Guide* will be available in English. Some accompanying materials will be available in Spanish.

CITIZENS AGAINST SUBSTANCE ABUSE (CASA)

AGENCY:
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STATE PREVENTION COORDINATOR:
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CLIENTELE:

Residents of Hamilton County, Ohio. The total population is about 852,100, 8.8% of whom are of Afro-American heritage. People under 18 comprise 26% of County residents and 27% are over 50. About 20% of County households have incomes below $10,000 and the unemployment rate in the area is 5.7%.

MAJOR SERVICES

Citizens Against Substance Abuse (CASA) is a coalition of parents, teens, government officials and service providers. Recognizing that the potential for impact is heightened if more than one approach is used and more than one system is involved, the program practices a multi-dimensional approach to alcohol and other drug abuse prevention. Filtering national and State initiatives to the local level, the program emphasizes involvement by community groups within which the programming is to occur. These groups include churches, schools, community councils, parents, professionals and policymakers.

CASA's major services can be summarized as follows:

- Measuring the prevalence of alcohol and other drug use and abuse among 7th to 12th grade students in Hamilton County schools.
- Promoting primary prevention activities in the Greater Cincinnati area through such activities as
  - organizing parent groups
  - facilitating the formation and support of TEEN CASA groups, Just Say No Clubs and school-based peer counseling programs
  - providing drug-free activities for youth aged 13 to 19
  - conducting workshops for parents, teachers, police officers and media specialists.

- Building networks among treatment centers, schools, social service organizations and other community resources through such vehicles as a local resource directory and a CASA newsletter.

- Increasing public awareness of alcohol and other drug abuse and effective prevention strategies through PSAs, speakers and a local drug awareness week.

- Examining local needs related to alcohol and other drug abuse that CASA may choose to address, including employee assistance programs, treatment services for the medically indigent, school-based K-12 prevention education, court-based intervention programs, treatment alternatives and teen court.

In 1986, Cincinnati Mayor Charles Luken established a special initiative task force on alcohol and other drug abuse. Since that time, the task force has evolved into an incorporated non-profit voluntary organization housed in City Hall. This process resulted primarily from the overwhelming response of over 200 concerned citizens and from the involvement of the Mayor, City Hall and a prominent community leader. Since September of 1986, CASA's volunteer roster has grown from 200 to 1,600.

The program is funded by an annual fundraiser, donations for specific projects and grants from local corporations, foundations and private citizens. Staff costs and space are contributed by City Hall.

During 1987, CASA volunteers donated more than 15,000 hours to the program. A total of 7,412 persons participated in direct presentations. General awareness activities reached more than 160,500 persons living in the Greater Cincinnati area. CASA also sponsored skill-building workshops and drug-free activities for youth, conducted a county-wide survey of 40,000 school students and increased the number of Just Say No Clubs from 10 to 160. This is a small sample of CASA's activities on behalf of its community.

CASA uses process and outcome evaluation strategies. While process data are collected through program reporting sheets, outcome evaluation is in the planning stage. Program outcome will be measured using the county-wide school survey of 7th through 12th graders as a baseline. This survey will be readministered every 2 years to track shifts in attitudes, knowledge and alcohol and other drug use.

The program is currently being piloted in Dayton, Ohio, and Paducah, Kentucky. CASA staff provide technical assistance to both pilot groups. It is expected that the CASA structure and function can be replicated in other areas.

LICKING COUNTY ALCOHOLISM PREVENTION PROGRAM

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STATE PREVENTION COORDINATOR:
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(614) 466-3445

CLIENTELE:

High-risk youth, youth in general, senior citizens, minorities and the handicapped. Of the 129,000 people living in Licking County, 30.53% are under 18 years of age and 19.93% are over 55 years old. Fewer than 2% of these citizens are Afro-American. This is a rural community with a predominantly blue-collar population.

MAJOR SERVICES:

The services of the Licking County Alcoholism Prevention Program (LAPP) are designed to disseminate broad-based multiple prevention strategies throughout the community. These services include:

- A comprehensive school-based program that includes
  - Teens in Action, a county-wide organization of high school students who support a drug-free lifestyle
  - Insight groups at schools with large numbers of high-risk youth
  - Support groups for children of alcohol- and drug-abusing parents
  - K-12 prevention presentations in all county classrooms.
- An annual Alcohol Awareness Week that provides activities for all ages, including a corporate-sponsored 5-mile run fundraiser, a non-alcoholic bar tended by county dignitaries, and a family night banquet honoring local volunteers, professionals and winners of a 5th and 6th grade poster contest.
- An annual peer leadership training conference for students from all of the county's high schools. Participants are expected to use the information they learn on such topics as drug use, family and sexuality, to exert positive influences on their peers at school.

A similar conference is conducted for 5th and 6th graders from all county elementary schools.

- A culturally specific program, called Teens Teaming Together, for minority youth.

- Awareness programs for women and senior citizens and their service providers, and an information and referral service that helps link participants to positive alternatives to alcohol and prescription drugs.

LAPP was founded in 1968 by several concerned citizens working in cooperation with the Community Mental Health Board and the United Way. Initially an information and referral service, the program began with the "information only" approach to prevention that was so popular in the 1960s. Since then, it has evolved into a comprehensive, multiple strategy prevention system.

Multiple funding is a part of LAPP's deliberate strategy to promote the continuity of its services. Its primary funding sources are the Central Ohio Regional Council on Alcoholism, Ohio's Division of Alcohol Abuse and Alcoholism Recovery, the Community Mental Health Board of Licking and Knox Counties, the United Way and private donations. In 1987, the program was awarded an OSAP grant that allowed the agency to focus services on high-risk youth.

During 1986, LAPP provided prevention presentations to 17,000 residents of Licking County. Forty high school students and 45 5th and 6th graders completed peer leadership conferences. And, almost 2,000 people participated in Alcohol Awareness Week. This level of community support is the major reason that LAPP has met or exceeded all of its prevention objectives for the past six years. Pre- and post-tests and participant feedback indicate positive attitude change, growth in knowledge and achievement of the objectives of all key program events. Data and observations from the juvenile court, the Regional Council on Alcoholism and the medical examiner all suggest that alcohol and drug problems among youth have been reduced in the target community. Many educators, service providers and criminal justice officials believe that the LAPP has played a significant role in this positive trend.

LAPP's theoretical and methodological components could be used as a framework for a community-wide program in other areas. However, LAPP recognizes that its success lies in its responsiveness to community needs. Therefore, the program should be adjusted to reflect a local needs assessment before it is replicated.

ADVENTURE ALTERNATIVES

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STATE PREVENTION COORDINATOR:
Jim Bradley
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CLIENTELE:

Youth aged 9 to 17 who are at risk for alcohol and other drug abuse. The overall population of the service area is over 500,000. Approximately 22% of program clients are Black, 51% are Anglo and 27% are Hispanic. The male/female ratio is about 3 to 2. Target youth are wary of traditional counseling and are often unable to pay for services. They suffer from low self-esteem, and are prone to associate with alcohol and other drug abusers or come from alcohol and other drug abusing families.

MAJOR SERVICES

Operated by the Austin Wilderness Counseling Service, the Adventure Alternatives Program is made up of three components:

- Professional counseling in individual, group and family settings. Specific services include:
  - admission screenings and social histories that result in the development of individual service plans
  - maintenance of accurate and complete client records
  - follow-up to support group members.
- Alternative activities that combine counseling with carefully structured outdoor activities. There are three formats for this service:
  - 6- to 10-week adventure based counseling groups that meet after school and on weekends during the school year
  - a 7- to 14-day therapeutic camping program that incorporates wilderness backpacking, campcraft, astronomy, nature study, map and compass reading and outdoor cooking with staff led group discussions around evening campfires and use of the group living experience to teach relationship skills

- alternative activities for professional counseling clients, scheduled at regular intervals on weekends.

- Education services for specific target populations, including

  - parents who receive training in parenting skills, decision-making and problem-solving and talking about alcohol and other drugs with their children

  - high-risk youth who receive information on alcohol and other drugs in the context of exercises designed to teach refusal skills, identification and expression of feelings and alternatives to alcohol and other drug use.

The program originated in 1975 as an alternative to residential treatment for high-risk adolescents. During its first few years of operation, the program found that it was serving a high proportion of children from alcohol and other drug abusing families, especially those with histories of physical and/or sexual abuse. Thus, by 1981, the program's focus began shifting toward prevention and early intervention work with children of substance abusers. Current funding sources include the Texas Commission on Alcohol and Drug Abuse, United Way, the City of Austin, client fees and contributions.

Program staff work closely with community organizations and former clients to assess service effectiveness and plan for emerging needs. They are also extensively involved in coordinating services with other organizations at community, State and national levels.

During 1986, the program provided professional counseling services to 54 individuals. Eighty-six youth participated in alternative activities and 60 individuals participated in educational activities. Over 200,000 members of the community were reached by the program's media coverage or newsletter.

The program uses an evaluation strategy that includes administration of instruments, collection and analysis of data, and summary and reporting of findings. These activities are largely the responsibility of graduate student interns. Evaluation studies to date indicate that 80% to 90% of clients show an increase in knowledge about alcohol and other drugs and their effects and about the dynamics of alcohol and other drug abusing families. Thirty-two percent of clients were occasionally involved with alcohol and other drug use before participation in the program; only 7% were so involved at termination.

The program has developed an extensive policy and procedures manual and specific curricula for the three adventure program components. Program staff consult with organizations interested in implementing similar programs. The program has been recognized by the National Institute on Mental Health as being of "national model" caliber, and as a model for the delivery of prevention services to children of alcoholics by the Governor and State Legislature of Texas.

APPLETON SCHOOL DISTRICT PREVENTION PROGRAM

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STATE PREVENTION COORDINATOR:
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CLIENTELE:

All students in grades K-12 in the Appleton, Wisconsin, School District. The total target population is 11,933 – 2,583 high school, 2,607 junior high school and 6,743 elementary school students. The population of the school district is 6% ethnic minority, with Asian/Pacific Islanders comprising the majority of this group. Students from low-income homes represent 7.9% of the total enrollment, and the proportion of low-income students in individual schools ranges from 34% to 2%.

MAJOR SERVICES

The Alcohol and Other Drug Abuse Prevention Program believes that the mission of a school is to educate for life and that alcohol and other drug issues can block attainment of that mission. To deal with this roadblock, the major services of the program are:

- A Student Assistance Program (SAP) that provides:
  - training of staff, parents, community and policy-makers in alcohol and other drug abuse intervention
  - 12-week Concerned Person Support Groups for elementary and secondary students affected by someone else's alcohol and other drug abuse
  - identification and referral to appropriate agencies of students with problems
  - 8-week Informational Groups for secondary students who want additional education
  - 12-week Insight Groups for secondary students who want to examine their alcohol and drug use
  - an ongoing Aftercare Support Group for secondary students who have received treatment or made a commitment to abstinence.
- A drug education program that includes:
  - staff training by district-certified trainers
  - 6 to 21 lessons a year for all students, using the "Here's Looking At You, 2000" curriculum

3

- parent drug education presentations and a 4-week parent outreach group
- community drug education presentations and community awareness activities.

- Extra-curricular groups, including:
  - "Just Say No" clubs in elementary schools
  - a Peer Facilitator program in secondary schools that disseminates information and provides drug-free activities and outreach to elementary schools.
- Networks, including participation in county, State and national organizations and groups that focus on the prevention of alcohol and other drug abuse.

The commitment of the Appleton Area School District to the prevention of alcohol and other drug abuse is not new. The SAP was implemented in 1980 at the secondary level. Concerned counselors and teachers began to insert prevention material into classroom instruction. With the development of a Peer Facilitator Program and the expansion of the SAP, the program became institutionalized. In 1987, the State of Wisconsin awarded the program a grant for revitalization training and expansion. Prevention activities are now in place in all 20 schools in the district and throughout the community. The program receives funding from local, State and Federal sources.

During the past year, the program has provided direct service to all students in the district's public schools. In addition to classroom instruction and ongoing awareness and alternative activities, the program provided specialized services to 1,105 students through the SAP, and direct services to about 1,000 parents and community members through individual conferences, awareness presentations and volunteer activity. All of the district's 800 teaching staff are involved in the program; 150 of them contribute about 4,300 hours of volunteer time during a one-year period.

Because the program has made an ethical decision not to establish research control groups, it relies on qualitative over quantitative data for evaluation. Data are collected on changes in student knowledge and attitudes. Data on alcohol and other drug use are also collected for a future longitudinal study. Ethnographic data are collected though written evaluations, interviews and observations. Outcomes and impacts indicated to date include:

- Increased student, parent, staff and community awareness of the program and knowledge about alcohol and other drugs.
- Decreased student use of alcohol and other drugs during school, school activities and on school grounds.
- Increased numbers of students completing treatment.
- Increased student acceptance of their recovering and abstaining peers.
- Increased positive parent involvement in resolving dysfunctional behaviors.

The district has a history of leadership in prevention programming and serves as an example to many other districts seeking to implement prevention programs. It has responded to frequent requests for information and the program has been presented at numerous state and national conferences. Feedback suggests that other districts have successfully replicated many aspects of the program.

OZAUKEE COUNTY PREVENTION CONSORTIUM

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STATE PREVENTION COORDINATOR:
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(608) 266-9485

CLIENTELE:

All residents of Ozaukee County, Wisconsin. Twenty-five percent of the population of about 69,200 is under age 15 and 8% are 65 or older. Minorities – Hispanic, Black and Asian Americans – make up slightly more than 2% of Ozaukee County residents. About 3.5% of the population lives below the poverty line and 5.3% are unemployed. The county is comprised of a unique cross-section of urban, suburban and rural communities. Special populations that are high priorities for the Consortium are youth, women, the elderly, educators, parents and clergy.

MAJOR SERVICES

The Consortium coordinates a range of school- and community-based prevention initiatives in the following categories:

- Alcohol and other drug abuse prevention and education services
  - the Peer Education Program, a network of trained high school students who serve as peer leaders and referral resources and also facilitate programs for elementary and middle school students
  - development and presentation of comprehensive K-12 prevention programs, as well as teacher training and curricular consultation
  - the Middle School Awareness Plus Program, designed to extend primary and secondary prevention resources through small support groups, parent education, referral and follow-up
- Positive Parent Involvement, a county-wide network designed to educate, motivate and mobilize parents to identify prevention strategies
- Secondary prevention and early intervention services
  - the Systematic Alcohol/Drug Intervention Linkage, assessment, support and education groups for youth aged 13 to 18 who are identified as having alcohol or drug related problems and their parents
  - information and referral services and support groups for women, public inebriates and others identified by law enforcement officials, and employees

The Consortium has also formed Suicide Prevention Committees in each of the area's five school districts. A county-wide sexual abuse task force and a truancy task force report to the consortium.

The concept of the Consortium was developed by the Ozaukee Council in 1981. Membership includes representatives from each of the county's school districts, parents from these areas and representatives from law enforcement, juvenile justice, social services, mental health and alcohol/drug treatment organizations. Clergy and medical professionals are also represented.

For eight years now, the Consortium has served as a decision-making body responsible for strategic program planning and development based on current community needs assessment. Ongoing data collection and program development continue to be an integral part of program activities.

The Consortium's funding base is varied and includes United Way, State grants and private donations.

During 1986, the Consortium:

- Directly touched over 7,500 people with its public information and education programs.
- Reached all Ozaukee County fifth and eighth graders and other groups through its Peer Resource Education Program.
- Provided parent education programs and alternative activities to about 1,500 individuals.
- Provided information, intervention and referral services to about 1,800 individuals.

The Peer Resource Education Program was one of eight programs selected nationwide in 1982 by the U.S. Department of Health and Human Services as a model prevention program.

The Consortium's evaluation activities are comprehensive. Data are collected through such sources as interviews, questionnaires, institutional and school records, government statistics, police files and self-reports. The evaluation process currently indicates such outcomes as:

- Increased community awareness and understanding regarding the use and abuse of alcohol and other drugs.
- Increased cooperation between agencies, schools, parents and service providers.
- Creation of a no-blame climate and expansion of belief that no one thing is the answer.
- Decreased recidivism for alcohol- and drug-related contacts by underage youth.

The Consortium's prevention model has been used effectively by neighboring Wisconsin communities. The program has developed a program description that is comprehensive and attuned to the need for adaptability. Some of the programmatic qualities that result in this high level of replicability are:

- Identification of required social and human services systems as participants.
- Grassroots ownership and responsibility.
- A high degree of cost-effectiveness.

CRITERIA & PROCEDURES

CRITERIA

The Project Advisory Committee used criteria developed during an earlier project. The criteria consisted of a short descriptive paragraph on each of 12 important attributes of effective prevention efforts. Programs seeking consideration as an exemplary program were asked to discuss each of these attributes in their nomination document indicating the way in which the various attributes were implemented or reflected in their programming. Because of the wide diversity of program types and the varying importance of the attributes for those various types, no specific numerical weights were given to the attributes.

Prevention Programs That Work

Twelve Important Attributes of Effective Prevention Programs:

A. *Program Planning Process*: The program is based on a sound planning process. The planning process is conducted and/or affirmed by a group that is representative of the multiple systems in the community, such as family, church, school, business, law enforcement, judicial system, media, service organizations and health delivery systems, including alcohol/drug agencies involved in referral, treatment and aftercare.

B. *Goals and Objectives*: The program has developed a written document that establishes specific, measurable goals and objectives that focus on alcohol and drug prevention. The goals and objectives should be based on a community needs assessment and reflect specific action plans appropriate to the target groups.

C. *Multiple Activities*: The prevention program involves the use of multiple activities to accomplish its goals and objectives. These may include information, education skills development for youth and adults; training of impactors, alternatives, environmental policy and public policy segments. The public policy components may include the development of specific written school policies and/or local, State and national public policies on availability, marketing and other relevant alcohol beverage control issues.

   The activities/strategies are implemented in sufficient quantity (no one-shot deals) to have a positive effect on the targets. The program concept may have replicability for other communities.

D. *Multiple Targets/Population*: The prevention program includes all elements of the community and/or population served, including all ages, such as the elderly, high-risk groups, and culturally specific groups. The impact and interrelatedness of each group upon the other must be recognized and emphasized in program development, i.e., youth usage is strongly influenced by community norms and adult role models.

E. *Strong Evaluation Base*: The program has a mechanism for data collection on an ongoing basis and a method of cost analysis that can be used to calculate cost effectiveness. In addition, the outcomes of the evaluation need to include a focus on behavior change and be tied back to the planning process so that appropriate programmatic changes can be made.

F. *Sensitive to Needs of All*: The program takes into account the unique special needs of the community/population. The community will not adopt, without study and adaptation, the package deals of another community, but will seek to redesign and tailor prevention programs to reach the specific needs of its own individuals and cultural groups, including different ethnic and gender-specific efforts.

G. *Part of Overall Health Promotion and Health Care System*: The prevention program is an integral, essential component of the health care system. It works with the other agencies that provide intervention, referral treatment and aftercare components of the continuum. It also seeks to work with other prevention agencies (e.g., HMOs, American Cancer Society) in order to build a supportive community environment for the development of healthy lifestyles and healthy lifestyle choices.

H. *Community Involvement and Ownership:* The prevention program reflects the basic, essential, philosophical understanding that prevention is a shared responsibility among national, State, and local levels and that specific programs are best done at community levels. "Grassroots" ownership and responsibility are the key elements in the planning, implementation and evaluation of the program. The prevention program should enable the community to not only examine its problems, but also take ownership and responsibility for its solutions.

I. *Long-Term*: The prevention program recognizes that there is no such thing as a quick fix or bottled formula or a magic curriculum that will solve the problem. The prevention program seeks to promote a long-term commitment that is flexible and adaptable and responds to a changing environment. The prevention program seeks to build upon its successes and continually enhance its efforts toward its goal. The long-term process integrates prevention activities into existing organizations and institutions such as families, schools, and communities. The long-term nature of the program ensures that interventions begin early and continue through the life cycle.

J. *Multiple Systems/Levels*: The prevention program utilizes multiple social systems and levels within the community in a collaborative effort. Each system's involvement is necessary but not sufficient for the success of the program. In order to impact a full range of target populations, all the social systems that are involved must be included. (For example, a program targeted to Hispanic youth must involve family, church, school, community youth recreation, and the law enforcement system.)

K. *Marketing/Promotion:* The prevention program needs to include a marketing approach that showcases the positive effects that prevention has within the community and the effects it has on the various individuals and systems within the community. Policymakers are key targets for the marketing strategy. (For example, in marketing youth prevention programs, the involvement of policymakers in the marketing strategy may ensure the continuation of that prevention program.) Mechanisms by which programs can achieve self-sufficiency should be built into the design.

L. *Replicability*: The prevention program has documented its philosophy, theory, methods, and procedures in sufficient detail and clarity to permit other organizations to assess its utility and applicability in their setting and to permit orderly development of a similar or related program in a new and (somewhat) different setting.

Separate Category for Targeted Programs

Prevention programs that are targeted to specific populations and needs would be at a disadvantage if they were held to Criteria C, D, and J above which call for "multiple activities," "multiple targets," and "multiple social systems/levels" respectively. Such programs requested consideration in a separate category by writing "targeted program" under the program name on the rating sheet. Reviewers considered only the remaining nine criteria when rating entries in the "Targeted Program" category.

RATING PROCEDURE

State Agency personnel and national organizations submitting nominations were asked to complete a State & National Organization Program Rating Scale on each nominee. Thus, for each nomination reaching NASADAD/NPN, there was a self-rating by the nominee which indicated where data supporting each of the ratings was to be found in the nomination, plus a State or National Organization rating form for that program. For each attribute a specific numerical score was indicated.

Nominations were submitted to NASADAD/NPN, Suite 520, Hall of the States, 444 North Capitol Street, N.W., Washington, D.C. 20001.

Upon receipt, the original of the nomination with the nominator's rating sheet attached, was filed in the NASADAD/NPN central file. Three additional copies were assigned to rating teams composed of Project Advisory committee members and promptly shipped to them. The rating team members carefully reviewed and rated the program descriptions. Their signed rating sheets were attached to the submission and returned to the NASADAD/NPN office.

NPN staff prepared a composite rating for each program which consisted of an average of the three team members' ratings, and a rating given by NASADAD/NPN central office readers.

The Project Advisory Committee met in February 1989 to study all the nominations. They selected a representative set of 20 programs that reflect an appropriate mix of geographic and cultural variables and a cross-section of program types and sponsoring organizations.

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